

Week of September 26, 2011/Notes summarized from CMS materials, Open Door Forum, and information as posted on websites listed below.

Update for OHCQ website/ MDS 3.0

Are You Ready for October 1, 2011?

Changes will be taking place!

RAI/MDS 3.0 updates; Adjustment of the RUG IV Grouper Tool ; Modification of the MDS submission /ARD table; and Adjustment of the data submission specs to accommodate the above named changes.

MDS 3.0 RAI Manual v1.07 (August 31, 2011) updates effective as of October 1, 2011. The “zip-file” labeled *MDS 3.0 RAI Manual Effective October 1 2011* contains the complete RAI manual. Change tables are included only for sections of the manual that have changes that will be effective 10/1/11.

Sections Updated include:

Title Page; Table of Contents; Chapter 1; Chapter 2; Chapter 3 (Introduction, Sections, H, I, K, M, N, and O); Chapter 4; Chapter 6; and Appendices (A, B, C, and E)

Although this sounds like a lot of change, some of the items are relatively minor adjustments, some focus specifically on software modifications, and some are more substantial, and will require a careful review of the educational information being developed for providers and employees responsible for the MDS processes in each facility. Vendor information has been provided already; your software providers should have made the needed adjustments and be ready for implementation **on OCTOBER 1, 2011**.

As of the beginning of September several web sites have been updated with information pertinent to these changes:

CASPER: The CASPER Reporting User’s Guide for MDS Providers was updated for 8/2011 and is posted at <https://www.qtso.com/mds30.html>

Software Vendor Information: MDS 3.0: Questions and Answers-Additional Information; jRAVEN info <https://www.qtso.com/vendor.html>

Long Term Care Facility RAI User’s Manual V 3.0 (with the new items) <https://www.qtso.com/state/sstspdownload.php> Please note that Appendix H still requires some updating

General information as well as some educational information that can be used internally is located at (for SNF PPS) (https://www.cms.gov/snfpps/02_spotlight.asp)

Specific Sites also exist for
“Questions-Mailboxes for MDS 3.0” (topic specific)

Content and RAI Manual questions-mds30comments@cms.hhs.gov

Section Q and transition issues-mdsfomedicaid@cms.hhs.gov

Section S requests and issues-mdssections@cms.hhs.gov

Technical issues-MDSTechissues@cms.hhs.gov

Transition for Implementation of FY 2012 SNF PPS Policies

Change of Therapy (COT) Other Medicare Required Assessment (OMRA)

Policy Summary

For all Medicare Part A SNF residents, a COT OMRA is required if the therapy services a resident receives during the COT observation period do not reflect the RUG IV classification level given on the patient’s most recent PPS assessment used for payment and would instead cause the patient to be classified into a different RUG category. The term “COT observation period” refers to a successive 7-day window beginning the day following the Assessment Reference Date (ARD) of the resident’s last PPS assessment used for payment.

Transition Policy

Effective for all assessments with an ARD on or after October 1, 2011.

Allocation of Group Therapy

Policy Summary

Effective for FY 2012, group therapy is defined as therapy provided simultaneously to four patients (regardless of payer source) who are performing the same or similar activities. Additionally, all group therapy time reported on the MDS will be divided by four when determining each resident’s appropriate RUG classification.

Transition Policy

On any assessments with an ARD on or after October 1, 2011, group therapy minutes will be allocated regardless of whether the look back period extends prior to October 1, 2011.

Revised MDS Assessment Schedule

Policy Summary

In order to reduce overlap between assessment look-back periods, effective for FY2012, facilities will utilize the revised MDS assessment schedule in Table 10B in the FY2012 SNF PPS proposed rule (76 FR 26389), which was finalized in the FY 2012 SNF PPS final rule (76 FR 48517).

Transition Policy

Effective starting in FY2012, any ARDs set on or after October 1, 2011 must be in line with the updated assessment schedule.

NOTE: When October 1, 2011 is Day 19, 34, 64 or 94 of the stay, assessments should be completed by September 30 or the assessments will be considered late and payment penalties will apply.

Revised SNF End-of-Therapy (EOT) OMRA Policy

Policy Summary

Prior to FY 2012, a distinction was made between facilities that “regularly” provided therapy services 5 days a week versus those that “regularly” provided therapy services 7 days per week, for the purpose of setting the ARD for an (EOT) End-of-Therapy OMRA. Beginning in FY 2012, all facilities will be considered 7 day facilities.

Transition Policy

Effective October 1, 2011, facilities will be considered 7-day facilities for the purposes of setting the ARD for an EOT OMRA. As October 1, 2011 is a Saturday, this day should be counted as a day of missed therapy if a patient does not receive any therapy services on that day.

End of Therapy with Resumption (EOT-R)

Policy Summary

If a resident classified into a RUG-IV Rehabilitation plus Extensive Services or Rehabilitation group has not received any therapy services for three consecutive calendar days, then the facility must complete an EOT-OMRA to reclassify the resident into a non-therapy RUG group. Prior to FY 2012, if the facility wanted to resume the resident’s therapy program, they would be required to either complete a Start-of Therapy (SOT) OMRA or wait until the next scheduled PPS assessment. Beginning in FY 2012, SNFs may choose to complete items O0450A and O0450B on the EOT OMRA, which allow a resident to be reclassified back into the Rehabilitation plus Extensive Services or Rehabilitation RUG group that he/she had been in prior to the discontinuation of therapy services that prompted the EOT OMRA and resume the original therapy program. This option is only available for residents who are able to resume therapy at the same therapy level as prior to the discontinuation of therapy services and must resume no more than five calendar days after the discontinuation occurred.

Transition Policy

Effective for all EOT OMRA assessments with an ARD on or after October 1, 2011.

Revised Student Supervision Requirements

Policy Summary

Effective for FY 2012, therapy students providing skilled therapy services within SNFs are no longer required to be under line-of-sight supervision. SNFs are still expected to exercise their discretion regarding the level of supervision a particular student may require.

Transition Policy

Effective October 1, 2011.

Points Related to the SNF PPS Assessment Schedule

New schedule, effective October 1, 2011 (ARDs set on or After Oct. 1, 2011)

Medicare

MDS Assessment Type	Reason for Assessment	Assessment Reference Date Window	Assessment Reference Date Grace Days	Applicable Medicare Payment Days
5 Day*	01	Days 1-5	6-8	1 through 14
14 day	02	Days 13-14	15-18	15 through 30
30 day	03	Days 27-29	30-33	31 through 60
60 day	04	Days 57-59	60-63	61 through 90
90 day	05	Days 87-89	90-93	91 through 100

*Changes would also apply to Readmission/Return Assessment (A0310B code=06)

In the Final Rule, CMS noted that the agency encourages the use of grace days if their use will allow more clinical flexibility or more accuracy in capturing therapy and other treatments. "Thus, we do not intend to penalize any facility that chooses to use the grace days for assessment scheduling or to audit facilities based solely on their regular use of grace days", they said.

Transition NOTE: When October 1, 2011 is day 19, 34, 64, or 94 of the Medicare Part A stay, which are the last days in the grace periods for the scheduled assessments currently, the ARDs for the corresponding assessments should be set by Sept. 30, or the assessments will be considered late, and payment penalties will apply. Be Aware that the training slides state that "assessments should be completed by September 30," however, CMS officials confirmed that they in fact mean that the ARDs should be set.

New SNF PPS Assessment Requirements

Other Medicare Required Assessments (OMRAs)

End of Therapy (EOT) OMRA-An EOT OMRA always is required when a Medicare beneficiary is in a therapy RUG, all therapy is ending, and the resident will continue on Part A for skilled nursing care. The purpose is to calculate a non therapy on the first non-therapy day. This requirement is not changing.

The Final Rule updates the requirement for an EOT OMRA in a similar type of situation: An EOT OMRA is required when a resident in a therapy RUG receives no therapy services for three consecutive days, and CMS clarified that, effective October 1, the EOT OMRA is required regardless of the reason for missing therapy. This is considered to be temporary discontinuation of therapy services. The Final Rule clarified that a “day” for EOT OMRA purposes is any day when the resident received at least 15 minutes of therapy. If total therapy in a day is less than 15 minutes, it is counted as a missed day.

In addition, for EOT OMRA purposes, all facilities will be treated as seven-day per week facilities. In other words this will apply to any three consecutive days regardless of whether the resident was scheduled for therapy that day or not and regardless of whether weekends or holidays are involved or if the resident was ill or on a leave of absence. The Final Rule emphasized that this requirement also applies when a resident is in a Rehabilitation Low RUG and no therapy services are provided for three consecutive days.

The ARD of an EOT OMRA would have to be set on day one, two, or three after the day of the last therapy treatment. For example, if the last therapy treatment was Friday, the facility does not provide therapy on weekends, and the resident was not able to participate on Monday, the ARD of the EOT OMRA must be Saturday, Sunday, or Monday. (If discharge from Part A occurred on one of those days, it would not be available for the ARD)

If therapy resumes within five days and at exactly the same RUG IV level as prior to the missed therapy days, then the EOT-Resumption (EOT-R) option may be chosen. In that case, the new item O0450 will be completed to indicate the resumption status and to enter the date of resumption, and the RUG-IV level in effect on the most recent SNFPPS assessment prior to the EOT OMRA will resume on the first day therapy resumes. If the EOT OMRA was transmitted before the resumption status was recognized the EOT OMRA may be modified to add the information in O0450. Reason code X0900E would be selected on the Correction Request to indicate the addition of the resumption date as the reason for the modification.

Change of Therapy (COT) OMRA

Note this is a change from prior submission materials!

Complete this when the intensity of therapy during the COT observation period changes to such a degree that the beneficiary would classify into a different RUG-IV level category than the one for which Part A currently is being billed.

- The intensity of therapy is determined by ; total reimbursable therapy minutes, and other therapy qualifiers, like number of therapy days and disciplines providing therapy, and for some RUGs, restorative nursing. A change in RUG category based on ADLs alone does not trigger the need for a COT OMRA.
- The need to complete a COT OMRA is determined by an evaluation of the COT observation periods, which are successive seven day windows that start on the first day after the ARD of the

most recent SNFPPS assessment and continue every seven days thereafter until a COT OMRA or other SNFPPS scheduled or unscheduled assessment is completed.

- The ARD of a COT OMRA must be set for day seven of the COT observation period. After completion of the assessment, COT observation begins again the day after the ARD of the assessment.
- When the SNFPPS assessment is completed, COT observation starts again the day after the ARD of that assessment. If the most recent assessment was an EOT-R, then the date of resumption is day 1 of the next COT observation period.
- If a new SNFPPS assessment ARD occurs prior to day 7 of COT observation, a COT OMRA is not required. The next COT observation period starts the day after the ARD of that SNFPPS assessment.
- If day 7 of the COT observation period falls within the ARD window of a scheduled PPS assessment, the SNF may choose to complete the PPS assessment only, resetting the COT observation period to the 7 days following that scheduled assessment's ARD.
- The RUG calculated from a COT OMRA starts paying on day one of the COT observation period and continues until the next scheduled or unscheduled SNFPPS assessment takes place.
- Use the entire 7 day look-back period, if discharge occurs on any day in a COT observation period the COT OMRA would not be required, since the COT observation must include all seven days through the end of day seven. (Per 9/1/11 Open Door Forum Call)

See page 6-53 in the RAI user's manual for an update of allowable billing days when assessments have been missed. One change (addition) has occurred for October 2011.

Physician Assistants have been added to the list of practitioners who may sign the certification and recertifications of the Part A stay. (See specific definitions p6-22)

Update to the definition of Leave of Absence—RAI manual page2-12.

Leave of Absence, which does not require a completion of either a discharge assessment or an entry tracking record, occurs when a resident has a:

- Temporary home visit of at least one night; or
- Therapeutic leave of at least one night; or
- Hospital Observation stay less than 24 hours and the hospital does NOT admit the resident.

Please carefully review the Updates to Chapter 3, the item-by-item coding rules, Section 1, K, M, and Therapies all have adjustments.